

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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2015 MAR 16 PM 2:31

(MIDDLE)

HARLAN

STEPHANIE

LOUISE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY COUNCIL - City of Capitola

Division, Board, Department, District, if applicable

City Council

Your Position

COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Capitola

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

February 11, 2015  
(month, day, year)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

HARLAN, STEPHANIE

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

SALINAS VALLEY MEMORIAL HOSPITAL

ADDRESS (Business Address Acceptable)

450 E. ROMIE LANE, SALINAS CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DISTRICT HOSPITAL

YOUR BUSINESS POSITION

REGISTERED NURSE

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary      ☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

- ☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

- ☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

- ☐ Loan repayment

- ☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

- ☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

- ☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

- ☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

- ☐ Loan repayment

- ☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

- ☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

- ☐ Real Property \_\_\_\_\_  
Street address

City

- ☐ Guarantor \_\_\_\_\_

- ☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_